STANDARD CERTIFICATE OF DEATH

42847

318 REG. DIST. NO. E001 1003 PRIMARY REG. DIST. NO. 318

State File No. 10779

BIRTH NO. _____   Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): **St. Louis**

c. LENGTH OF STAY (In this place): **6yrs**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): **4948 Maffitt Pl.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Mo.** b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): **St. Louis** 2069

d. STREET ADDRESS (If rural, give location): **4948 Maffitt Pl.**

3. NAME OF DECEASED (Type or Print)

a. (First) **Katherine**   b. (Middle) **--**   c. (Last) **Sladek**

4. DATE OF DEATH (Month) (Day) (Year): **Dec. 16 1950**

5. SEX **female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **widowed**

8. DATE OF BIRTH **Apr. 11 1869**

9. AGE (In years last birthday) **81** | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): **Columbia Mo.**

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Unknown**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Edward W. Sladek**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Charles Gebhard** **ADDRESS** **4948 Maffitt Pl**

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Haemorrhage** — **48 hours**

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Hypertension** — **?**

DUE TO (c) **Arteriosclerosis** — **?**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. **Senility**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 3318

22. I hereby certify that I attended the deceased from **Dec. 11**, 19**50**, to **Dec. 16**, 19**50**, that I last saw the deceased alive on **Dec. 16**, 19**50**, and that death occurred at **11:20a** m., from the causes and on the date stated above.

23. SIGNATURE _Lewis E. McElwain_ (Degree or title) **M.D.**

23b. ADDRESS **4356 Warne Avenue (7)**

23c. DATE SIGNED **12-18-50**

24a. BURIAL, CREMATION, REMOVAL (Specify): **Burial**

24b. DATE **12/18/50**

24c. NAME OF CEMETERY OR CREMATORY **Laurel Hill**

24d. LOCATION (City, town, or county) **St. Louis Co.** (State) **Mo.**

DATE REC'D BY LOCAL REG. **DEC 18 1950**

REGISTRAR'S SIGNATURE _J. B. Casater_

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** **Drehmann-Harral; 1905 Union Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

_____,

working under my personal supervision.

Student Embalmer No...........................

Signed_____ _Warren A. Carver_

Signed..

Student Embalmer

Licensed Embalmer No._353 x_

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.